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Essays.

ART. I.—*An Inaugural Essay on the Properties and Effects of the Cimicifuga Racemosa (black snake root). Submitted to the Faculty of Jefferson Medical College. By G. W. Mears, M.D.*

CIMICIFUGA is the name of a North American family of plants. It is derived from the Latin (cimex *a bug* and fugo *to drive away*, from its offensiveness to bugs) and is characterized by the following botanical description.

Cimicifuga, gen. pl. 193 (ranunculacea). Calix 4 or 5 leaved. Petals 4 to 8, deformed, thickish, sometimes wanting. Capsules 1 to 5, oblong, many seeded. Seeds squamose.—*Nutt.*

There are four species, viz. 1, racemosa, 2, fetida, 3, americana, 4, palmata, belonging to this genus, all of which have been erroneously arranged under the genus Actea*.

Racemosa, the species under consideration, belongs to class polyandria, order monogynia, and is designated thus: leaves decompound, folioles ovate oblong, incised, dentate; teeth mucronate, divaricate; racemes virgately paniculate, elongated; flowers submonogynious; capsules ovate.—*Pursh.*

This plant, *cimicifuga serpentaria* of Pursh, *actea racemosa* of Will. and Zinn, and *actea monogynia* of Walter, is also called black snake root, rattle weed, squaw root, and rich weed; and is of

* See Pursh. gen. plant. 993.

common growth, I believe, in nearly every section of the United States. In Massachusetts it is found abundantly, and is familiarly known as an Indian remedy for aches, sprains and rheumatism. I have seen it growing in nearly every part of this state, and in almost every situation; flourishing, as I have noticed, more particularly on rocky hill sides; and this remark seems to be corroborated by the observation of Doctor Garden, who says*, "it delights in broken rocky situations, remarkable for the fertility of the soil; hence the vulgar name rich weed; by which it is readily recognized by most of the planters, farmers and old women of our country." It will always be found springing up by the side of the old stalk; thus leaving, when the dried shoot falls off, one, or more, (as the number of germs may have been) decayed breaches in the root every year; as beautifully delineated in the drawing.

The large biternately compounded leaves of this plant arise near the root, and spread out, at about the height of a foot, or 18 inches, into a beautifully green dense cluster; while its flowering stem, erect, round, smooth, slightly maculate and jointed, ascends to 4 or 5 feet, where it terminates with a very handsome spike or spikes of white flowers; giving to the plant when in bloom a strikingly conspicuous and highly ornamental appearance. When the blossoms fall off, which usually occurs in the beginning of August, the seed vessels, then about the size and form of a small shot, are left irregularly disposed on the spike, presenting rather an unseemly aspect.

The root is horizontal with a caudex knotted, frequently having a number of collateral branches which terminate præmorsely; from the caudex are sent off many radicles, remarkable for the smoothness and evenness of their form and uniformity of thickness, which they preserve to a great length. It has, when green, a middling strong and rather disagreeable odour, and a slightly nauseous, aromatic, and astringent bitter taste. The colour of the cortical part is dark brown; while that within is a light grey, approaching to white. When thoroughly dried and broken it presents a fibrous uneven fracture. It is with considerable difficulty reduced to powder, in which state it bears a distant analogy in appearance, smell and taste, to the grey ipecacuanha.

In selecting the root for medicinal purposes, care should be taken to exclude all such pieces as have, either from collecting at an im-

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* See Med. Record. Vol. VI. p. 609.

proper season or, perhaps what is more probable, carelessness in curing, become hard, flinty and of a bluish colour; this is not only worthless, but exceedingly nauseous, and should therefore always be rejected. We should also be especially careful to preserve all the radicles, as I am disposed to think, from some comparative experiments, that they possess more virtue than the caudex; and this doubtless, from the fact that they produce much more of the cortical substance, in which I have found the active properties principally to reside. It is scarcely necessary to mention that all the decayed parts above referred to should be removed with a knife; and this is best effected immediately after gathering, or while the root is fresh. I have prescribed it in the form of decoction, saturated tincture, and powder; the last of which is I think generally to be preferred; dose from 5 to 30 grains according to the age and condition of the patient.

Properties, &c.

With respect to the medicinal properties of the cimicifuga racemosa, but very little, I believe, has hitherto been known; for while American authors have given to bark, digitalis, kino, and quassia the most conspicuous places in their respective classes, they have scarcely noticed a native plant of abundant production, combining in an eminent degree all the valuable properties of these articles. The first account I think we have of it as a medicine is contained in the late Doctor B. S. Barton's collections for an essay, &c. where he speaks of the black snake root or squaw root as a valuable astringent remedy, which had been used with much benefit in a putrid sore throat which prevailed in Jersey some years ago. "The decoction," he further adds, "will cure the itch:" and again in another place he says, "the Indians make use of this plant as an internal remedy, with other vegetables, in the cure of rheumatism. But they depend much more on the decoction applied externally, or as is their custom, in the form of steam; hence I presume that the heat may have something to do with the cure."

Thus much being said, the plant was entirely neglected until about three years since, when the attention of the public was directed to it by a valuable paper written on its effects in phthisis pulmonalis by Doctor T. S. Garden, a highly respectable physician of Charlotte, Virginia. From the marked success of this gentleman, the most extravagant ideas of its virtues were entertained: accordingly numerous trials were immediately made of the remedy; but as it unfortunately failed to sweep as it were "vi et armis" all diseases before it, it soon shared the fate of many other imperfectly tested

but valuable medicines,—it was again discarded as worthless. Still however, under all these adverse circumstances I am happy to perceive that it has found its way into a recent edition of a popular work* published some time since in this city; where its ultimate effects on the circulation, so particularly identified by Dr Garden, are recurred to, without however any allusion to the author of that apparently important discovery.

Having thus summed up what has been written on this subject†, I shall proceed directly to a detail of the experiments instituted with a view of ascertaining the modus operandi of the medicine upon the healthy system; following this with its effects in disease.

The first experiment in which the peculiar effects of the article were most prominently displayed was commenced upon my own person, on the 20th of October. At 10 o'clock, two hours after a light breakfast, my pulse being 70 strokes to a minute, full and soft, I took 30 grains of the pulverized root. At 11 o'clock, observing no particular effect, I began taking of the saturated tincture a tea spoonful every 20 minutes. At 12 o'clock, pulse 73; much headach, and a disposition to sleep. At 1 o'clock, having taken about an ounce of the tincture and feeling drowsy, I lay down; soon felt very warm and fell asleep; awaking in something better than an hour from a very disturbed sleep (during which I swet some) with a most distressing pain in my head, giddiness, flushed countenance and dilated pupil: my pulse counted 82 pulsations to the minute. In a short time I felt much uneasiness at the stomach with violent efforts to vomit. These symptoms however soon in a great measure subsided, leaving no other unpleasant effect than some degree of pain in the head which continued until 11 o'clock at night, when my pulse was rather below seventy.

In the second experiment the powdered bark of the root was substituted. Of this I took 25 grains in the course of an hour, and as the effects which it produced were precisely correspondent with those already detailed, I conceive it unneccssary to note its operation particularly. From the results of these experiments I think we may justly infer that the cimici. racemosa is possessed of considerable narcotic power: and is, as its effects in disease will more obviously shew, a valuable diaphoretic.

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* Chapman's Therapeutics.

† Save I believe a partial description of the plant which will be found in Rees's Cyclopedia, article Actea, and a hint by Dr Bigelow of its effects in accelerating parturition.

Therapeutic application.

The first case which presented itself, warranting the exhibition of our medicine was one of intermittent fever, for which the patient, a lady of delicate habit, aged about 26, had been under ordinary treatment for six weeks. The paroxysms of her disease were irregular; appearing sometimes quotidian, and at others tertian. I saw the case on the 21st of June (exacerbations now daily); and receiving permission to give the snake root a trial, I commenced without any preliminary treatment by giving 20 drops of the saturated tincture, which produced considerable warmth over the whole system, followed by a slight degree of perspiration. At 10 o'clock, just at the commencement of the cold stage, the dose being repeated was again succeeded by a very sudden glow of heat, more transient than the first; this however exercised a decided influence over the paroxysm, as all the indisposition she suffered was that occasioned by a slight chill without any sensible fever. 22d—neglected the medicine until the paroxysm was coming on: 20 drops were now administered, but feeling little effect 20 more were taken after the cold stage was completely established, and though it continued for a half hour the subsequent fever was much lighter than usual, and went off with a most copious perspiration. On the 23d a tea spoonful was exhibited which entirely prevented a recurrence of the fever for that day. 24th—took about the same quantity as yesterday, had a slight chill. 25th—no chill. 26th—substituted a strong decoction of the root. 27th—dismissed her with a very good appetite, and strength much improved. I saw this patient five days after she had been discharged in pretty good health, and under no apprehensions of a return of the disease.

Case 2.—E. W., Prune street, ætatis 49, a labouring man of exceedingly intemperate habits, was exposed while fishing in the bay in January last to a cold damp atmosphere, and contracted a violent cough, which continued with a hoarseness for some weeks, since when he had suffered less from hoarseness, though the cough still remained, harassing the patient very much, especially during the night: ardent spirits were now entirely dispensed with. I saw him on the 27th of June labouring under great debility, loss of appetite, much cough at night, with considerable though difficult expectoration; he experienced pain in the breast *only* when he had occasion to cough much; was troubled with a paroxysm of fever every night which went off in

the morning with profuse sweats: pulse weak, small, and 105 strokes to the minute. The matter thrown off his lungs, amounting to about half a pint in 24 hours, was principally mucus, suspending here and there little masses, which to appearance were purulent matter. Under these circumstances I directed 30 drops of the saturated tincture of the c. racemosa to be taken at 5 o'clock in the afternoon and, in case no ill effects followed, 40 drops more on going to bed: having taken the last prescription he retired, but not to sleep; for very soon after lying down he felt a most intolerable heat and itching over the whole surface, even as he expressed himself to the end of his fingers: this effect was attended with a vertiginous sensation in the head and a great increase of cough which continued until morning, though the other symptoms were relieved in the course of an hour by a copious discharge from the skin. Upon my visit in the morning I found the pulse at 95, and tolerably regular. As he complained much of the medicine disturbing his sleep, increasing cough, &c. I advised only 30 drops to be taken three times daily, and leaving with him several ounces of the medicine with strict injunctions as to ingesta, &c. &c. I left the city to spend some time in the country.

At my next visit, which was on the seventh of August, my patient was decidedly better: his strength was now fast improving, appetite good, cough somewhat diminished and very loose, entirely exempt from that sense of stricture of which he complained so much when I first saw him; he still however had some fever in the morning. Pulse during apyrexia 80, and regular. Continued the tincture in 40 drop doses. 14th—able to walk some distance from home for the first time since sick. September 10th—commenced with doses of 10 grains of the pulverized root. November 20th—notwithstanding there is still some cough at night, appearances are much for the better. December 5th—much cough and pain in the breast during yesterday and the forepart of last night; towards morning an unusually large expectoration of a thick yellowish matter took place, followed by perfect relief from cough and pain until the ninth, when a similarly copious evacuation of matter succeeded a violent spell of coughing; since which the patient has been entirely exempt from cough, rested well at night, had a good appetite, and in fine appeared to be rapidly improving in every respect*.

* This report was finished on the 14th of December; since which our patient from another exposure had a violent attack of cough, which continued better and worse in despite of our remedy until the middle of last April, when he died.

Case 3.—Mrs S. W., Mead Alley, of phthisical parents, aged 38, affected with cough, pain in the breast and fever, together with much restlessness during the night, for upwards of two years. I saw her on the 12th of August, much debilitated, with loss of appetite and great emaciation: she spit but little, and that nearly all mucus of a glairy appearance, resembling the white of eggs, surrounding some few small masses of pus of the most fetid and disagreeable smell. I now directed a cathartic of rheu. and on the 14th commenced by prescribing 5 grains of the pulverized root three times a day. 17th—the medicine found to produce no unpleasant effect is continued. 25th—appetite very good, expectoration free, and so much corrected with regard to fetor, (before so exceedingly nauseous and offensive to the patient) that she scarcely notices it. The patient remarks that ever since the medicine was first taken she has been troubled with a prickling sensation on the surface, attended by a slight eruption, with an almost unremitted perspiration day and night. September 1st—strength improving; night's rest undisturbed, an enjoyment of which patient says she has not been able to boast since first sick. 7th—cough nearly cured; being troublesome only for 15 or 20 minutes in the morning about 9 o'clock. 13th—some pain in the breast, cough during the morning had been considerably more violent than ordinary; and in one of these fits several masses of matter were thrown up, which from their appearance she compared with pieces of lung, and said they were generally about the size of a filbert. I was mortified to learn that the vessel which contained this matter had been cleansed a few minutes before my arrival; yet I had no hesitation, from her description, in pronouncing the expectorated substance matured tubercles; and that this view was correct, I think the speedy recovery of the case affords pretty ample confirmation. 21st—as the cough was now very slight, and sputa nothing but mucus, the medicine was taken only twice a day. October 5th—patient discharged, every symptom of the disease being entirely removed, with a degree of strength sufficient to resume her wonted occupation, which was that of washing.

Case 4.—The subject of this case was a Miss E. R., Cherry street, ætatis 19, good constitution, who from undue exposure to cold had contracted a most distressing cough, which continued for about six months, very much aggravated at night. I commenced the treatment on the 5th of October, at which time she was very weak and exceedingly emaciated, by giving 5 grains of the pulverized root,

three times a day; before she had taken an ounce her cough was wonderfully mitigated, and at the end of two or three weeks entirely cured. She soon recovered her strength, and a remarkably fleshy and healthy appearance.

Case 5.—Mr I. B., Catharine street, ætatis 30 years, attacked about two years since with a rheumatic affection of the knee and elbow joints, succeeding, as he said, a cold which he had taken while under the influence of mercury: as however he also mentioned that he had had some time previously swellings of the bones in several places, I had little doubt of the cause and nature of this affection, and merely mention it as co-existent with a cough and pain in the breast with which he had been troubled for a long time, and for which I was consulted on the 6th day of September. I found him suffering some pain in the upper part of the right breast: cough, with expectoration amounting to about three gills of a glairy tenacious mucus, through which was diffused about one quarter of its quantity of soft matter, resembling pus slightly tinged with blood; patient says he has been in the habit of spitting, after considerable cough, small tough lumps of matter rather less than a pea. He has had for the last six weeks the most profuse night sweats, and a diarrhea, which being alternately better and worse, admits of his attending to business one half the time, while during the other, from debility, he is confined to his room and bed; there appears to be no other evidence of fever than some degree of thirst during the latter part of the night: pulse 75, and weak. My first prescription was 5 grains pulverized snake root three times a day. 12th—Mr B. thinks he sweats much less, and rests better at night, but has a continual moisture on the surface during the day: bowels much less troublesome. 20th—appetite good, bowels perfectly regular, and night sweat quite inconsiderable. October 1st—strength greatly improved; the pain in the breast so much relieved as not to be felt except upon sudden and active exercise. Dose increased to 10 grains. 15th—neither cough nor pain in the breast; complaining of nothing now but debility and pain in the leg and knee, which had continued to distress the patient upon every slight transition in the weather during the whole course of treatment in the above case. For the alleviation of these pains, as the paroxysms were observed to be less violent while under the use of the cimicifuga, the dose was increased to 20 grains, and with it the tartar emetic ointment was applied to the parts affected.

Case 6 occurred in a young lady in Christian street who had been a subject of asthma from infancy; she was attacked upon this occasion, after imprudent exposure, with a violent cough, attended with pain in the chest, prostration of strength, sense of suffocation and an occasional spitting of blood. To her, as she was very inimical to any thing in the form of medicine, I gave a strong decoction of the root with a sufficiency of candied sugar to make it of the consistence of a syrup: to this were added a few drops of the oil of anise, which gave to the whole a very agreeable flavour. Of this mixture the patient took a great spoonful every five hours. At the end of a week every symptom of her complaint was so much alleviated, that she was able to be about the house; and in a very few days more to resume her usual avocations with as much ease and alacrity as before the attack.

Case 7 was that of a coloured man in Marshall's court, ætatis about 33, who had suffered from a cough and pain in the breast for near two years. Upon my first visit, September 8th, his situation was really deplorable: confined almost entirely to bed from extreme debility, he suffered much from his cough, which was always considerably augmented at night, and ordinarily followed by the expectoration of a small amount of tenacious pus-like matter, now and then tinged with blood; breathing short and laborious. His hectic paroxysm generally lasted about 4 hours; terminating in a most profuse sweat. Pulse during apyrexia about 80. He had almost constant diarrhea, and to this must be added a hiccough which had so relentlessly harassed our poor patient (though laudanum, ether, &c. &c. had been resorted to for its relief) that he had scarcely enjoyed a moment's respite for the last two weeks. Such being the desperate condition of the case, we could entertain no reasonable hope of amendment, more especially as it had been under the most judicious "ordinary" treatment for about six weeks. Conceiving however that nothing could be lost by making a trial, I prescribed the cimicifuga in doses of 4 grains three times a day. The medicine was taken regularly, and, to my very great astonishment, had relieved, as I was informed on my next visit, every symptom of hiccough from the hour the first dose was taken. 12th—it was now thought prudent to substitute the tincture as being less liable to irritate the bowels; of this therefore 15 drops were given. 16th—bowels some better. 21st—very weak still, but appetite pretty good; recurred again to the powder in doses of 6 grains. 30th—strength so much improved that

the patient walked to the river; expectoration free and copious; bowels perfectly regular. From this on, the symptoms of his disease fluctuated, being alternately better and worse, until the 1st of December, when he suggested to me his intention to decline the use of the cimicifuga, alleging that he had less confidence in it than formerly, and wished to try a new remedy; to this proposition I very cheerfully gave my assent, inasmuch as I could not expect much advantage would result from any further perseverance in the use of our medicine. It was therefore immediately abandoned, not, however, without leaving strong evidence of its superiority over other remedies, even in this desperate case. This patient I am informed has since died.

Case 8.—The subject of this highly interesting case was Mrs A. G. a widow lady in Seventh street, aged about 29, who had been suffering from the effects of a violent cold, contracted four months before I saw her, which was on the 5th of January 1827. At this period her cough was not so distressing as formerly, though very troublesome at night when it was attended by a fever with its copious and debilitating evacuations from the skin. The muco-purulent discharge from the lungs was also particularly large during the night. She was considerably emaciated, and complained of the debility and loss of appetite usually attendant upon pectoral affections. In a word, our patient appeared to be rapidly approaching, as she herself apprehended, a fatal termination of her sufferings. My first prescription was 5 grains of the pulverized root three times daily, to be gradually increased to 10. On the 7th I found her much improved with respect to the cough; and complaining of a pricking sensation on the surface. 10th—no pain in the breast, with such an abatement of her hectic paroxysms that her sleep was nearly undisturbed. 12th—appetite good, and strength fast increasing. 15th—dismissed entirely well*.

The 9th and last case of pulmonary disease which I shall notice occurred in the person of a woman aged 27 years, the servant of a friend of mine in the country, to whom the medicine with directions for its use was sent by myself. The most prominent feature of this case, besides the common symptoms of debility, emaciation,

* I saw this patient on the 3d day of July in a state of robust health which she says she has enjoyed ever since my attendance in January.

&c. was repeated hemorrhage from the lungs, often to the amount of half a pint. She had been under the usual treatment of v. s. blistering—cupping, &c. for several months, with very little relief. After the fourth day's exhibition of the cimicifuga, in doses of 6 grains three times daily, our patient began to regain her appetite and strength rapidly—the hemorrhage was arrested; and at the end of 3 weeks she resumed her avocations in the kitchen in apparent health.

To the above striking illustrations of the sanative powers of our remedy, in that most fatal of all maladies, the consumption, I am happy in having it in my power to add verbatim the two following cases, as reported by Dr Garden, who speaks thus: "I am probably the only physician who has ever used it (the black snake root) in his own person, or who has any knowledge of its virtues and effects in disease, except those in my immediate section of country; and therefore merely design to state facts which can be supported by the testimony of those physicians who were acquainted with my situation, and of those gentlemen who in conjunction with myself have witnessed its good effects on others. I can ascribe the health which I now enjoy to nothing but the use of this medicine aided by a suitable regimen; and nothing but utter despair, and entire extinction of all hope of recovery, together with a want of confidence in all the remedies, induced me upon the testimony of vulgar report to hazard the experiment. In a short time my estimation of its virtues was greatly increased, and the expectations which had been excited of its ultimate success were finally realized. Shortly after commencing the use of this medicine, the hectic paroxysms, which had attended me for some time previous, were entirely checked, the nocturnal evacuations from the surface of the body, to which persons affected with phthisis are subject in the secondary stages, began to diminish; the expectoration of a fluid from the bronchial vessels, resembling pus in appearance, was speedily arrested; the cough became much less troublesome, and less frequent; my pulse, which for some time had never been lower than 100 or 120 pulsations to the minute, was reduced to the medium standard; the pain in my right breast and side left me; my strength and appetite began to improve, and I speedily abandoned the use of all medicines, or any other means except attention to regimen and exercise. A period of twelve months had elapsed from my primitive ill health to my using this medicine, during which time I bled freely and copiously, kept up a constant discharge from the breast by use of blisters, seatons, &c. and adhered to a strictly vegetable regimen, without any relief."

For a a detail of the Doctor's second case, which I had intended, but for its prolixity, to give at full length, I beg leave to refer to the sixth volume of the Medical Recorder, page 611: observing only, that the case was one which the Doctor considered as purely scrofulous; and in which, though the debility was extreme, the pulse was so active as to demand the repeated use of the lancet. The cimicifuga in this, as in the first case, displayed the most happy effects; promptly restoring to the patient his usual vigour of health and strength.

With regard to the modus operandi of our remedy, we have from Dr Garden the following curious speculations: he says that, "like the digitalis, it disorders the sensorium, and operates in a powerful manner upon the secreting and absorbent systems. When exhibited in a full dose, it prostrates in a distressing degree, producing nausea, vertigo, anxiety, universal restlessness, pains in the extremities, &c. These effects are immediate and transitory. Its ultimate and remote operation is the converse of the above; and it is this which gives it the supremacy over other remedies of the same class. The digitalis induces a reduction of the circulation at too great an expense of the general powers of the system to be applicable in those cases where this medicine seems so admirably calculated to be productive of benefits. It is a paradox in medicine, and in whatever way it may be experienced, it certainly possesses the power in an eminent degree of lessening the arterial action, and at the same time imparting tone to the general system."

From these views, as well as the decided influence which the cimicifuga exercised over the circulation in the first, second, and two last cases of consumption as above repeated, it would appear that upon its powers in this way much of its curative effects depended, and that it might be applicable to cases *only* in which there existed high arterial excitement; but when we see it producing equally beneficial effects in precisely opposite states of the system, we are disposed to consider the "paradox" above adverted to as being only apparent or imaginary; and that, as the striking powers which it displays in reducing the circulation in phthisical cases are manifested only when the action is increased to much above the natural standard, this effect is produced by ridding the lungs of a species of irritation upon which the excitation of the vascular system probably depends; and *not* as the Doctor supposes by any specific action upon the circulation. To these conclusions I have been drawn by a particular attention to the effects of the medicine on the pulse when

exhibited in cases of a different kind. One of these which now occurs to me was that of a girl aged 17, (amenorrhea) pulse 80 and pretty regular: she was kept under the influence of large doses of the snake root for six days, without success; on the 7th—10 hours after the last dose, the pulsations counted 82 to the minute. With this instance I might present independently of three or four of the pulmonary cases, several more in which the medicine was given as an astringent.

Again, the Doctor attempts to explain the action of this remedy in consumption by telling us that "It was the opinion of the celebrated Dr Rush, that if there existed a remedy for hectic fever it was a tonic, and that it belonged to the vegetable kingdom." And such he continues, "is evidently the nature of the actea racemosa." Now to attribute its anti-hectic effects to its tonic properties (and this is certainly implied by the Doctor's language) would seem exceedingly absurd and inconsistent, when we for a moment reflect that bark and all its preparations, so much more actively tonic, together with the whole of that class belonging to the vegetable kingdom, prove in such cases entirely abortive: and hence we must conclude that its sanative effects in pulmonary disease depend upon a principle of operation sui generis, which appears completely inexplicable. For, were we even to suggest that it acts as a powerful alterant, a very rational inference drawn from the results of its exhibition in tuberculous disease, we should not expect to explain its salutary agency, inasmuch as other articles of this class are productive of no more benefit in pulmonary complaints than are the ordinary *tonics* and *sedatives*.

I regret much that my experience with the cimicifuga in rheummatic affections is too limited to justify an opinion with regard to its efficacy in that most intractable class of diseases; yet I think, from the prompt success of its application in the annexed case, I may venture to recommend its trial in those cases at least which have resisted other means of cure.

Case 8, the one above referred to, was that of a coloured woman ætatis 43, attacked on the 3d of September with a violent pain and inflammation of the left shoulder, which swelled very considerably during that day and night. I saw her on the morning of the fifth, pulse full, strong and very quick, tongue white, and skin dry and hot. I took from the arm about 12 ounces of blood, and ordered 10 grains of the powdered snake root. Evening—patient complains very much,

thinks the v. s. produced relief for a short time in the morning, and insists upon having it repeated; pulse very frequent and bounding, strongly indicating another bleeding, which would have been recommended, but for an inclination to test the powers of our medicine: it being accordingly omitted, 10 grains of the powder were directed on going to bed, with a poultice to the affected part, made by boiling 3 drachms of the coarsely powdered root in a pint of water down to one half, and then stirring into it, while hot, Indian meal to make it of a proper consistence. In the morning I found my patient infinitely better, complaining of no pain unless motion was made; she remarked that she had scarcely laid down the evening before, when a burning sensation, resembling the pricking of pins, was experienced all over the surface, but especially in the shoulder, followed by a most copious perspiration which never ceased until 4 o'clock in the morning; she also suffered considerable confusion and pain in the head until after having swet for some time. Finding however her tongue still dry; pulse tense and active, amounting to 87; I thought prudent to repeat the medicine, which I did in doses of 10 grains three times a day, with directions to diminish the quantity if it produced any unpleasant symptoms in the head. The powders were all taken, and in the evening the tongue was moist, skin soft, and the bowels operated upon (probably from some peculiar idiosyncracy) several times; but the pulse still active. Seventh evening —purged several times today; no pain except on large motion of the joints, and pulse nearly natural. I directed another portion of the medicine which again sweated profusely. 8th—three days from the commencement of our treatment the patient was discharged perfectly cured.

How to account for the curative operation of the snake root in this disease by any sensible effect, I must confess myself unprepared; unless it be by its action upon the skin, which has I believe been as much extolled in the treatment of rheumatism as any other depletive plan with which we are acquainted.

"By the late Professor Barton," says Dr Chapman, "it (actea racemosa) is treated of among the astringents, and he tells us*, &c. Besides this property, *which I have never been able to discover in any degree*, it is expectorant," &c. From this language I should infer a priori that the Doctor had had some experience in the use of the article: if so, I am not a little surprised that my own

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* See page 155, ante.

limited experience should lead me to conclusions so directly opposite; indeed, from my observation, I am induced to think that the valuable astringent powers of the black snake root cannot be too much insisted upon. I have been in the habit of using it as a common remedy for the bowel complaints to which the little inmates of our institution* are, probably from their mode of living, exceedingly subject; and I believe I do not recollect a single instance of its failure promptly to relieve every symptom of the disease, while the general health and strength of the patient rapidly improved under its use. The following are among the cases recorded in my note book.

Case 3.—Jane Linsey ætatis 3 years. Diarrhea with prolapsus ani for several weeks. She had taken calomel and rhubarb, mag. calc. Creta ptt. &c. &c. without relief. September 17th—commenced with an infusion of the rad. cimicifuga made by steeping 2 drachms of the powder in a pint of boiling water for an hour; of this a great spoonful was directed every two hours. In three days she was dismissed perfectly cured.

Case 7.—John M'Carty aged 3 years and a half. Diarrhea and intermittent fever of 3 weeks standing: he had taken calomel in minute doses, castor oil, &c. Took, October 10th, of the infusion of the snake root. This produced considerable determination to the skin, and in the course of 48 hours his bowels were corrected; the medicine was however continued for a few days longer, when every symptom of the intermittent entirely disappeared.

Case 9.—James Dykes ætatis 4 years and a half. Took of the decoction of the snake root half an ounce to the pint of water, a great spoonful every 2 hours, for a bowel complaint of 5 days continuance; about three gills of the medicine completely arrested the discharge.

To these I might append many other cases of a similar kind in which the remedy displayed equally prompt and decisive effects. But as we consider the authority of the late Dr Barton sufficient of itself to establish the character of our medicine as an astringent, we can see no occasion for multiplying instances to prove the fact: observing only that I have recently been informed by my intelligent friend and class mate, Dr S. Thompson, that a decoction

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* Children's Asylum of this city.

of this article is a very popular remedy with his preceptor and other physicians of Delaware county, in the latter stages of cholera infantum, dysentery, &c. &c. and is esteemed by them as a most valuable astringent, bitter and tonic.

Chemical analysis.—Process 1.

With a decoction of 1 ounce of the bruised root to a pint of water, I commenced my experiments, by applying as re-agents—1st. A solution of the acetate of lead, which threw down a copious floculent opake precipitate, leaving the supernatant fluid nearly transparent.—2d. The solution of gelatin produced a brownish deposit.—3d. The sulphur of iron changed the colour of the liquid to a dark blue inclined to black, much the colour of the precipitate which was pretty abundant.—4th. The carbonate of potass occasioned no sensible change.—5th. The muriatic acid, a bright yellow deposit.—And 6th. The muriate of tin, a copious precipitate of the colour, which Mr Thompson describes as indicative of extractive matter. Hence we may infer that this principle, as well as that of tannin, abounds in this plant.

Process 2.

The following tests were applied to a cold infusion of 2 ounces of the root to a pint of water, colour when filtered yellowish and muddy much the appearance of new cider, taste bitter and slightly mawkish: the results as subjoined.—1st. Nitrate of silver threw down an abundant bluish grey precipitate.—2d. Lime produced no alteration.—3d. Acetate of lead occasioned an immediate deposit of a yellowish sediment.—4th. From corrosive sublimate no change. These experiments justify the conclusion that the bitter principle is one of the proximate constituents of the article under notice.

Process 3.

Boiled half an ounce of the root in 8 ounces of water down to one half, and strained the decoction. One ounce of alum dissolved in water was now precipitated by a sufficient quantity of the carbonate of potass: having well washed the precipitate, it was added to the decoction, and suffered to digest for 24 hours; at the end of this time the fluid part was found to possess a slightly acid taste, to redden litmus paper, and occasion a black precipitate from the solution of iron.

Process 4.

Half an ounce of the root, having been steeped for 10 days in 8 ounces of alcohol, presented a colour resembling that of Lisbon wine; taste unpleasantly bitter, slightly analogous to aloes, though far less persistent. It was found that a small addition of water to this had no other effect upon it than to change it to a lighter colour, as it did not assume the opaline appearance until near three times its amount of water had been added; this being a pretty clear indicative that its resin is sparingly extracted by cold infusion, I boiled the remainder of the infusion for 15 minutes, when I found that a few drops of water produced a turbid appearance, and about equal parts caused it to let fall a dark brown semi-transparent sediment, which on being evaporated to dryness exhibited the properties of resin.

Process 5.

Boiled a small quantity of the root for a few minutes in water. On adding to this decoction a large proportion of alcohol a light brown precipitate was largely deposited, which proved to be very soluble in water; an evidence of gum.—Vide Thompson.

Process 6.

Having digested a given quantity of the substance under examination in diluted nitric acid for 48 hours, and then poured alcohol into the filtered solution, a very copious precipitate of starch was the result. —*M. Vauquelin.*

Thus we have woody fibre, tannin, ext. matter, bitter principle, gallic acid, resin, gum and starch.

With these, it would give me much pleasure to present the proximate alkaline principle which this vegetable most unquestionably possesses. Numerous experiments were made with the view to obtain the alkali; but owing to the very small quantity of the root which could be procured for prosecuting these researches, the result was almost necessarily unsuccessful; yet sufficient evidence of the existence of the principle in question was exhibited in these trials to encourage a future investigation of this interesting subject.

ART. II.—*Remarks on the Influence of Change of Climate upon Pulmonary Affections. By the Editor.*

The dernier refuge in phthisical affections which have foiled the materia medica is generally a southern climate. Confidence in the salutary influence of this agent is derived not only from observation of the many cases of recovery which have been effected by it, but also from *a priori* deductions in regard to the different influences of northern and southern climates on the human constitution.

Every one knows that in northern regions the lungs are the rendezvous of nearly all the diseases which invade the human frame; and it is a law of our economy that in proportion as one important organ or system suffers more others suffer less; hence primary hepatic affections are not common in the same climate.

One circumstance which renders pulmonary consumption so pertinacious is the continued operation of the cause which produces it. Many diseases which are excited by a specific agent, as small pox, typhus fever, yellow fever, &c. &c. when once produced, are generally no longer fortified by a renewed application of the cause, and nature has merely to contend against the series of morbid actions which ensue. The same is true with regard to many diseases not specific, but which are excited by common lædants, such as injurious diet, repletion, violent exercise, &c. &c. In them, the cause once removed, its recurrence is easily avoided, and the powers of life are merely called upon to repair the injury produced by its first impression.

The cause of pulmonary consumption, the most faithful and unwearied of all the messengers of death, does not operate on a specific susceptibility which is destroyed by its first impression, nor can any care screen the patient from its continued influence. It persists in its action on the human system as long as life remains. Indeed when once it has disturbed the healthy actions, the organs become more susceptible of its impression. While other diseases bring the system into a state which favours reaction upon themselves, this may be termed "the *pale faced* monster which makes the meat it feeds on."

To rescue a patient from this disease, therefore, it is necessary to remove him from the perpetual influence of its cause. This can be effected only by removal to a mild climate. The system then, no longer subject to the renewed influence of the cause, rallies the recuperative powers, and is merely called upon to repair the ravages which have already been committed.

We may expect then that, as in many similar conditions of the system, there will sometimes occur complete restoration to health, even where the progress of disease may have been considerable..

But it is not merely in a negative character that the climate of the south is salutary in pulmonary affections. These regions have also their characteristic diseases, the result of their peculiar temperature and of local circumstances. Their nature is remarkably different from that of those occurring in northern regions, and they seize upon different organs. Southern endemics affect especially the biliary system; the mucous membrane of the digestive organs; and the skin.

Now it is well known that whenever a remedial or morbific agent makes a strong impression upon a particular organ, it operates as a derivative with respect to other organs, and hence, in southern climates, consumptive patients are not only relieved from the continued operation of the cause, but experience an influence which affects a pathological revolution in the system.

It has been long observed that, in those regions where intermittents prevail, pulmonary consumption is not so common. Indeed, all those diseases which arise from miasmal effluvia appear to be in a degree incompatible with chronic pulmonary affections.

These circumstances should always influence our advice to patients who seek health in a southern climate. It is too frequently, nay it is generally, the case, that the individual flies merely from the severity of a northern winter, and returns with the spring. In this case, indeed, he obtains a respite, and, if the disease be incipient, may recover health; but if it be of a more grave character, he will by no means have experienced all that a southern climate is capable of effecting for him.

In my opinion the positive influence of a southern summer on a phthisical constitution is far more important than a mere exemption from the previous cause of the disease. Patients will not often be persuaded to remove until their symptoms have become alarming, and then the suspension of the cause is not sufficient to restore health.

The northern invalid has much less to fear from the disease of a southern summer than is generally supposed. The disease which he carries with him is counter to those affections, and generally proves a most effectual prophylactic. In making this remark the writer has in mind two interesting cases, in which the individuals were exposed with impunity to southern miasmata in all their intensity, and when even acclimated subjects were falling before them.

One of these was for a considerable time my patient, and there were manifested, in his case, unequivocal symptoms of tuberculous consumption. The usual routine of remedies and palliatives was carefully employed with occasional and partial benefit, but the disease, in the main, progressed, and was evidently becoming confirmed. By the advice of physicians, and by his own excellent judgment, he was persuaded to resort to a southern climate. His removal, indeed, was not prudently timed; for he commenced his residence in the city of New Orleans in the early part of the month of September and during the prevalence of a most fatal pestilence of yellow fever. Although it was considered madness for a northern individual thus to expose himself, yet he endured the season without the least inconvenience. He remained three successive summers in that city, and in the mean time gradually recovered from his pulmonary affection and became robust. After this he removed to Charleston and spent there the fatal summer of 1824, and was daily exposed to the pestilence which then desolated that city. He attributes, with confidence, his recovery, not to the mere escape from a northern climate, but to the change effected in his constitution by the influence of southern summers.

Adversaria.

ART. I.—*A Case of Chorea Sancti Viti cured by Iodine. Communicated by Philip Peltz, Jr, M.D.*

Miss Mary Ann S———, a young lady of about 9 years of age, of delicate frame and light complexion, with thin fair hair, had, sometime in April 1827, an attack of chorea sancti viti. Her parents, strangers in the place, not acquainted with any physician, applied for medical aid to a quack, supposing him to be a regular practitioner. In the course of a few weeks, however, they discovered his real character, and discharged him.

About the middle of May, 5 or 6 weeks after her first indisposition, I was sent for, and I saw her for the first time on the 15th of that month. Her situation was then most distressing; her body and extremities thrown convulsively into a thousand contortions by the irregular, frequent, involuntary and spasmodic contractions of the voluntary muscles. She was not able to sit on a chair, nor could she lie in bed unless she was held; her mother had to watch her day and night to prevent her precipitating herself out of the bed. The power of speech was almost suspended, and whenever she attempted to speak she was thrown into violent convulsions, and could hardly utter a single word intelligibly.

Before proceeding to my treatment of the disease, I will just state, what are my pathological notions of the disease, and the indications of cure as founded on them. It is not my intention at this time to enter into a long disputation on this subject, but merely to state what my reasons were for prescribing as I did.

In the first place, I took the complaint to be a disease of the brain and spinal marrow, or of their meninges; and I suppose it to be seated in part, if not altogether, in the *tunica arachnoidea*. The disease, I believe, may be divided into *acute* and *chronic*. The acute stage consists in active inflammation of the above named membrane,

and the chronic in the thickening of the same. From this we may infer that the chronic is a consequence of the acute stage of the disease. Hence, in the acute we find active depletion, both local and general, with a strict antiphlogistic regimen, sufficient to remove the complaint; but in the chronic we must resort to other remedies, and in a number of instances our medicines have not, as yet, been able to reach the seat of disease, and the sufferers have been forced to drag out a miserable existence, or consigned to an untimely grave; thus adding to our list (already too long) of *opprobria medicorum.*

Such were the views I took of the disease, when I commenced the treatment of the case under consideration; and such have been my ideas in all my practice in this malady.

Previously to this patient's coming under my care, the treatment was diametrically opposite to that indicated by the above views of the complaint. The most powerful stimulants, with full diet, were recommended and exhibited, and the disease was fast advancing from the acute to the chronic stage.

I first directed 15 leeches to be applied to each temple, and salts to be administered until free alvine dejections were procured, together with pediluvium and sinapisms to the extremities. The leeches and salts were repeated every other day, and the pediluvium and sinapisms every day, for about ten days. On the 25th instant a blister was put on the back of the neck, and kept discharging for some time. Frictions of turpentine were recommended, and with some effect, along the course of the spine; and continued for a considerable period. Under this treatment there was some improvement.

On the 9th of June, supposing that the inflammation was almost or altogether subdued and that there remained a thickening of the *tunica arachnoidea* alone, I prescribed tincture of iodine in doses of six drops three times a day, to be given in a little sugar and water. The dose was gradually increased from this to 24 drops three times a day. With this medicine my patient improved finely, and at length completely recovered.

ART. II.—*Extirpation of Tonsils.*

Dr Peltz used the instrument recommended by Dr Smith of New Haven for the extirpation of enlarged tonsils, in the beginning of July, with complete success. He thinks this instrument far, very far, superior to any other in use.

It is believed that Dr Peltz is the first surgeon who has used this instrument in Philadelphia.

ART. III.—*Remarks on the Treatment of Gleet. Communicated in a Letter to the Editor by George B. M'Knight, M.D. of Chambersburg.*

Sir,

In the second number of your Journal, p. 102, taken from a foreign journal, it is stated that "every surgeon must have occasionally lamented the obstinacy of this disease (gonorrhea) particularly in its chronic form," &c. followed by a prescription of balsam, cubebs, &c.

My experience in the treatment of the above disease is by no means limited. During a practice of eleven years, six and a half of which were spent in the United States army, I have met with every variety of case. It is to be presumed that every surgeon treats the disease in its first stage as one of an inflammatory character. I shall therefore confine my observations to its chronic form and to that stage which strictly deserves the name of gleet.

After the first four or five days, if the proper antiphlogistic remedies have been employed, the discharge is changed from a green, yellow, or greenish yellow, to a light straw colour, which may with great propriety be termed the second stage of the disease. I prescribe the following mixture: tinct. canthar. vesicatoriæ, 6 drachms, balsam copaib. 2 drachms; mix; dose 10 drops morning and evening, gradually increased until the cure is effected, which is generally in a few days.

In the third stage of the disease, which may be nosologically termed gleet, the discharge is white, more or less in quantity, unattended with ardor urinæ, and, if allowed to progress, followed by pain in the lumbar vertebræ, with general debility. Here I employ the tinct.

cantharid. vesicat. alone, or blend it with the balsam for the purpose of disguising the remedy (the balsam alone is not to be relied upon, I having given it in some cases to the extent of a pint without any effect), commencing with 15 drops of the active remedial agent three times a day, and cautiously increasing the quantity until the discharge ceases and the disease is cured.

In obstinate cases of long standing that have fallen under my notice, I have found the ol. terebinthinæ a useful auxiliary. Chalybeates with a generous diet are highly proper.

In some very obstinate cases the application of the emplast. calefaciens to the lumbar region has been attended with happy effects. The tinct. meloe vesicat. employed by me is made agreeably to the formula in Dr Coxe's Dispensatory, 6th edition.

The above practice was taught me by my respected preceptor Professor Hosack in 1814, and having succeeded in *every* case to which my attention was directed, has superseded the necessity of hunting after *new* remedies.

The foregoing remarks would not have been thought worthy of being communicated to you, had not my attention been directed to the subject by the extract from the foreign journal: the facts are, however, at your service.

ART. IV.—*Cases of Indolent Buboes cured by the use of the Tobacco Ointment. Communicated in a Letter to the Editor by John Graham, M.D. of New York.*

Sir,

If the treatment of the following cases of indolent buboes by the use of the tobacco ointment appears any way novel, you will please insert them in your Journal.

James Smith applied to me, on the 5th of July 1827. His complaints were phymosis, purulent discharge from the glans and prepuce, and an indurated bubo in the right groin. He stated that he was five months disordered, and that the first symptom which presented was gonorrhea, and shortly afterwards the other complaints made their appearance. He also stated that he had observed no alteration in the size of the bubo for two months. I directed the antimonial solution and black wash. In the course of a few days

the discharge and swelling were entirely removed, and on retracting the prepuce there was no ulceration whatever. He stated to me that mercurial frictions, leeches and cold lotions had been used two months before without any good effect in dispersing the bubo. I ordered him to have a blister applied, and afterwards to have it dressed with the ung. hydrargyri for the purpose of promoting the discharge and preventing its healing.

In the same manner four blisters were applied without any diminution in its size. I was then induced for the first time to try the effects of the tobacco ointment, from a hint given me of its virtues by Professor M'Clellan of Philadelphia. I ordered him to rub in the size of a walnut of the ointment over the bubo three times a day, and to my astonishment in the course of ten days it was completely dispersed.

Patrick Burns applied to me on the 12th of July 1827. His complaints were, a superficial ulcer on the prepuce without induration; a large bubo in the right groin; and a papular eruption which extended to almost every part of his body, appearing very similar to true syphilitic blotches. He stated that he was three months disordered, and that he had undergone two courses of mercury without any good effect whatsoever on his complaints. He said that his physician had applied leeches three times to the bubo followed by frictions with camphorated liniment without any effect. He complained of severe pains in his shoulders and other joints. As there was no febrile action present, I directed for him the decoction of sarsaparilla together with the antimonial solution. I also ordered him to keep lint moistened in the lotion of calomel and lime water to the sores on the penis. 18th—the eruption was on the decline and his pains were considerably relieved. 22d—the eruption had almost disappeared, there were scarcely any pains in his joints, and the sore on the penis had healed. In the course of this time the bubo evinced neither a tendency to disperse nor to suppurate. I ordered him as in the former case to commence rubbing in the tobacco ointment which completely dispersed it in the course of twelve days.

William Ryan applied to me on the 20th of July 1827. His complaints were, excoriation of the glans and prepuce with purulent discharge; a small ulcer on the prepuce without induration; a large bubo in the left groin; an eruption of papulæ on his face,

arms and neck; enlargement of the tonsils with difficulty of swallowing; and pains in his shoulders and knees.

He said he had been five months disordered, and that he had been repeatedly salivated. I directed the same medicines as were employed in the preceding case with the same happy effect. The bubo was completely dispersed by the tobacco ointment in the course of two weeks.

Effects of the Tobacco Ointment in a Case of Syphilitic Bubo.—George Jameson applied to me on the 22d of July 1827. His complaint was a livid coloured ulcer, situated on the body of the penis, with callous edges slightly elevated. He stated that he had used mercury. I directed him to poultice the penis with bread and water. 25th—the ulcer had assumed a tawny colour, and its edges had become more callous and elevated. 27th—it began again to exhibit the livid appearance; the penis then was considerably swollen, and the patient complained of severe pain. 30th—the ulcer was changing to the same tawny appearance as before, and an efflorescence overspread different parts of his body. August 1st—the efflorescence of the skin had disappeared in some places, while it appeared in others, there was a swelling of the glands of the right groin, and the surrounding induration had also increased. As the character of the ulcer became sufficiently evident by the increase of the callosity, I prescribed small doses of calomel, with the eighth of a grain of tartarized antimony, to be continued until the gums became slightly affected, which immediately caused a favourable change in the appearance of the ulcers. 8th—the efflorescence of the skin had disappeared, and the ulcer was completely healed. At this time the bubo was completely dispersed by the use of the tobacco ointment. I must confess I was somewhat puzzled in the beginning to know what course I should pursue, as it bore so close a resemblance to the sloughing ulcer. I observed on close inspection that the surface of the chancre, though dark, exhibited no slough, and that its progress was slow: both these circumstances, together with its callous edges, pointed out the proper mode of treatment to be pursued. The patient also complained of an aching severe pain in the groin, which I have always found to be a characteristic mark of the syphilitic bubo.

James Montague applied to me on the 5th of August 1827. His

complaints were, purulent discharge from the glans and prepuce; a hard indolent bubo in the right groin; and an eruption of papulæ in every part of his body. He complained of severe pains in his shoulders and arms. He said he was three months disordered, and that, two weeks since, the eruption had appeared. He said he had taken two boxes of mercurial pills without any beneficial effect. I directed a blister to be applied to the bubo and the lotion of calomel and lime water to be injected between the prepuce and glans, together with the decoction of sarsaparilla and antimonial solution. 8th—the eruption had declined, and the pains were more severe. 10th—the pains still continued to increase with fever and head ache, pulse 112 with difficulty of respiration. I immmediately took 16 ounces of blood from the arm; ordered the decoction to be omitted, and the antimonial solution continued. The following day he said he experienced decided relief, his pulse was reduced to 95, and his fever considerably lessened. 14th—he no longer complained of pains, and the eruption had disappeared. During the course of this time, the bubo evinced no disposition to disperse. I then ordered him to commence rubbing in the tobacco ointment. 16th—he called my attention to a small hard tumour situated on the left testicle, which was completely dispersed in the course of five days by rubbing in the camphorated mercurial ointment. 18th—the pains had again returned with oppressed breathing and cough; pulse 100. Sixteen ounces of blood were taken from the arm, and the antimonial solution added. This mitigated the severity of the pains considerably and relieved his chest altogether. 20th—as a means of preventing a recurrence of the symptoms, the venesection was repeated, by which he was altogether relieved. 26th—his complaints were all removed, and the bubo completely dispersed.

Analytical Reviews.

ART. I.—*Commentaries on some of the more important of the Diseases of Females. In three parts. By Marshall Hall, M.D. F.R.S.E. &c. &c. London*, 1827.

There are few whose contributions to medical literature are more valuable than those of the discriminating author whose practical comments we now present. In this instance Dr H. does, indeed, glean a field which has yielded its fruits to many a hand; but on perusing the work we are astonished that so much should have been left for the eye of this acute observer.

Of all contemporary medical writers we would give in our adhesion to Dr Hall, as the author whose pathological and therapeutic principles and deductions are most consonant with our own ideas of the relation existing between diseases and remedies. To us he appears to entertain exceedingly just views of the importance of the recuperative powers of nature in the treatment of disease. His remedial means seem directed by the consciousness that in counteracting the encroachments of disease on the human system we attempt the reparation of a machine with the structure and motive powers of which we are by no means perfectly acquainted. This general principle of practice is favourably contrasted with that of certain presumptuous practitioners, who handle our delicate organization with a rudeness which would indicate that man might recreate himself, and restore the dilapidations of time and disease.

The most potent of our remedies, directed in its application by the accumulated knowledge and experience of a thousand years, cannot supply a single impulse of that vital principle which is the basis of all healthy actions and sanative efforts.

We believe that those have ever been the most successful practitioners that come to the bedside of the patient as the allies of nature, who will always be found contending against the common enemy though sometimes with ill directed efforts. Such a rule of practice will by no means be found inconsistent with energy and decision.

Of female diseases Dr Hall recognizes three classes: 1st, those which are incident to female youth; 2d, those which are associated

with gestation, parturition and the puerperal state ; 3d, those which are incident to the middle periods of life, or which mark the decline of constitutional vigour.

PART I. Disorders incident to Female Youth.—Chap. 1. *Disorders incident to Female Youth in general.*

Peculiarity of constitution and the important change which occurs at this period distinguish the diseases of female youth from those of the male sex.

In females there is observed a greater development of the capillary system and a proportionate susceptibility of the nerves. The blood is also more lymphatic and hence a peculiar tendency to dropsical and hemorrhagic diseases. From the organs of the female being more sensitive results a large proportion of those diseases which are called nervous, such as painful affections of the head, heart, side, &c. and which are apt to be confounded with other diseases.

The important change which, in female youth, is established in the uterine system powerfully influences the general health, and is reciprocally influenced by it. Diseases seize this occasion to invade the system. The periodical recurrence of the menstrual function is influenced by the general health, and the latter is often influenced by the suppression, preternatural flow or leucorrheal state of the former.

These, however, are not the only causes which serve to characterize the diseases of female youth ; few, at this period, escape the evil of a constipated state of the bowels induced by inactive and sedentary habits, by delay in yielding to the solicitations of nature to evacuate the bowels, and by the ampler size of the abdomen, pelvis, and large intestines in females.

A loaded state of the bowels, thus produced, is, according to our author, the source of most of the distressing disorders incident to this period. The alvine contents become irritating by delay, and morbidly excite all the digestive organs. The mouth first becomes foul, then the complexion becomes modified, assuming pallid, icterode and other hues, with each of which are associated peculiar internal derangements.

We would here particularly notice an important remark of our author that the icterode or jaundice hue of the skin, in chronic affections, is by no means always to be regarded as indicative of hepatic disease, as it is observed often to be an affection merely of the cutaneous circulation.

Resulting from causes mentioned, there is frequently a complex general affection, combined with some painful topical symptom changeable and multiform in its appearance. No organ is more likely to be affected than the uterus, and such a control does the state of the digestive organs exercise over it, that the condition of the tongue often indicates with precision that of the uterus and its discharges.

From the same source the mamma also suffers, and tumours are produced in the organ that are often mistaken for scirrhus.

Chap. 2. Disorder of the General Health in its more acute form.

This phrase is employed by our author to designate a form of disease not peculiar to, but more frequent in, females; it also distinguishes it from a more protracted variety of the same disease. The general character of the disease he observes to be very distinct and characteristic; but its complications are so various and mimotic, as often to obscure the general disease, and to counterfeit topical diseases, such as phrenitis, pleurisy, &c. &c.

First, of the symptoms which characterize the general disorder. They come on, says the author, insidiously, and gradually induce imbecility of mind and body. They may progress unobserved many months, and, when medical advice is first sought, the complaint will be characterized by a general feeling of weakness, headache, tremors, vertigo, fluttering, faintishness, susceptibility to hurry and agitation, weariness, aching, and loss of flesh. Sometimes these symptoms are induced more suddenly by some exciting cause, as a fall or other accident.

There are also important characteristic changes of the tongue, countenance and skin. The countenance pale and thin; lips pale; chin tremulous on speaking; sallowness about the eyes and mouth; face at first rather bloated; and skin coarse. Tongue generally much loaded, œdematous, swollen, marked by the teeth, furrowed or plaited, and presenting numerous enlarged papillæ; gums swollen; inside of the cheeks impressed by the teeth. In some severe cases the load of the tongue will have suddenly peeled off, leaving the surface red, smooth and tender.

Frequently there is a slight degree of morbid redness and tumidity about the tonsils and soft palate; saliva viscid; teeth and mouth foul; occasionally slight bleeding from the mucous membrane.

There is tendency to perspiration on the slightest agitation; hands and feet cold; fingers livid; nails often of a lilac hue. Tremors, especially after slight efforts, are remarkable.

The mental, sentient and nervous powers are much affected, and there occur drowsiness or wakefulness, incubus, loss of memory and absence of mind. These is often a sense of fluttering at the heart; pulse rather frequent and easily accelerated, sometimes irregular.

The appetite is occasionally wanting, sometimes morbid, and sometimes there is craving, without ability, to take food; digestion sometimes unimpaired, and at other times attended with flatus, pyrosis, sense of load, and occasional vomiting. Bowels, at first constipated, become alternately costive and loose, the evacuations being dark, fetid, accompanied with mucus and sometimes blood; frequently an acute pain in the course of the colon and rectum; urine variable.

The uterine discharges are observed to be changed only in protracted cases.

The condition of the countenance, tongue, mouth and skin is the most constant diagnostic criterion, every other symptom being variable. The concurrence of many of the mutable affections, however, aid the diagnosis.

In addition to these two classes of symptoms, there is often a predominating complication which engrosses the attention of the patient and sometimes the practitioner; it may be of the head, heart, &c. counterfeiting other diseases. Dr Hall proceeds to describe the individual complications, and to indicate the traits which distinguish them from the idiopathic diseases which they imitate. He observes that the diagnosis should be cautious because symptomatic disease often becomes idiopathic and organic.

The first of the topical affections is that of the head, and it consists usually in pain and vertigo. It may be presumed that these are symptomatic when they are accompanied with the general symptoms that we have described, especially if they have long subsisted in a varying character, if the remedies for vascular engorgement of the head have been tried with little or transitory relief, and if the headache is accompanied with sickness, faintishness or cold perspiration. Under these circumstances we may expect the complication to yield to the remedies which mitigate the general disorder. The diagnosis is therefore obviously important, and the more so because the idiopathic affection when it exists requires prompt and energetic practice. Organic disease of the heart is another affection which is counterfeited; there often occurring palpitations, intermittent pulse, &c. &c. The symptomatic affection is distinguished by the association of general symptoms and the effects of remedies; and especially by observing the effects of exercise, for in organic disease of the heart the symptoms are always aggravated by exertion.

Jaundice sometimes occurs in this affection often accompanied with pain indicating the presence of gall stones, inflammation of the pleura, liver, &c. &c. Symptomatic affections of the bladder are common. Nervous and muscular affections, accompanied with pain so severe as to resemble tic doloureux and also with spasmodic affections, are common.

Treatment.—The first object is to regulate the bowels. The author, however, deprecates the empyrical employment of purgatives, and avers that their excessive or injudicious use often aggravates the very affections they are designed to relieve, by irritating the intestinal canal and exhausting the system. Purgatives employed should be of a mild character and conjoined with cordial medicines and mild nutritious diet. The purgatives which best answer the indication are the various preparations of aloes, rhubarb, senna; also manna and mild neutral salts. To prevent irritation and exhaustion exhibit 4 or 5 drams of tincture of columbo twice daily.

The author objects to mercurials, and also forbids the free employment of tonics. The cure is to be completed by attention to

diet, early hours, sponging, judicious exercise, exemption from all the causes of these complaints, and by time.

In general, solid food, well masticated, agrees best, and especicially mutton, chicken, (we would add tender beef, soft eggs, jellies) stale bread; best beverage, at dinner, is hot water with sugar and the smallest quantity of brandy or port. In cases of extremely irritable stomach, nothing heavier can be borne than arrow root, perfectly done in water, at first qualified only with sugar but afterwards with milk, cream and spice.

That degree of exercise should be used which invigorates without fatiguing, and it should be alternated with rest. Change of air is desirable; the influence of sea breezes salutary. It is particularly necessary that the cutaneous circulation should be cherished by warm clothing and by friction. It is especially important that the feet which tend to be cold, should be kept warm and dry; they should be bathed in brine, hot or cold, and rubbed with coarse flannel.

[We would here subjoin to our author's remarks on dress and temperature, that, while we carefully protect the surface from the influence of cold, we should be equally solicitous that our patients be not encumbered with unnecessary clothing, than which nothing is more debilitating, especially during sleep; it then produces hurried circulation, which renders laborious respiration necessary and causes the individual to be restless and oppressed with incubus.]

In regard to the treatment of the various complications the author observes, that while it may be expected that the removal of the general disorder will dispel local pains, yet it is proper that topical remedies should be conjoined. In affections of the head, however, much bloodletting is deprecated as aggravating the complaint, though moderate leeching and cupping are salutary.

Symptomatic affections of the heart are to be relieved by the employment of tinct. of hyosciamus and sal volatile; local pains by the use of cups, blisters and liniments; icterus by an emetic of ipecacuanha and an active purgative; diarrhea by a few drops of tinct. opii and sal volatile, after a cordial laxative. In case of pains in the colon from lingering fæces, frequent injections of warm or cold water are *highly important;* they may render unnecessary the frequent use of purgatives when found to irritate.

Chap. 3. *On Disorder of the General Health in its more protracted form.*

The transition from the acute to the protracted form of this disease is gradual, sometimes even occupying years, though unobserved; sometimes the latter occurs without having been preceded by the acute.

In this form, the less variable symptoms of the acute, as those of the tongue, mouth, skin, &c. are found to persist and to be even more strongly expressed, while the more variable ones will have

greatly subsided and the complications become totally different. The countenance is permanently pale and sallow, and there is a morbid areola round the mouth and eyes; the lips have lost their hue of health. The tongue is clean, and the mouth has lost its mucous clamminess and offensive odour, for which is substituted sometimes the odour of new milk. The impressions of the teeth on the tongue and the sulci upon the surface of this organ present the aspect of longer duration; the papillæ are much enlarged. By these appearances we may judge of the stage as well as state of the disorder. When on opening the sulci upon the tongue they appear lobulated, according to our author's experience we ought to suspect simple enlargement of the liver. The skin is dry and furfuraceous, and liable to attacks of furunculus, paronychia, erysipelas, urticaria, lichen, &c. Aphthæ and ulcerations occur in the mouth; the teeth decay. Tremulousness, debility, and faintishness less marked than in the acute; bowels much deranged, also the uterine system; urine variable.

Treatment.—The same for the most part as in the acute form, with the same precautions in a still greater degree. Cordials and tonics must be employed more perseveringly. One grain of sulph. ferri may be given with some aromatic three times daily. Sarsaparilla and sulph. quin. also valuable.

Chap. 4. *Of that form of Disorder of the General Health attended by extreme pallor, or of Chlorosis.*

This form of disease is regarded as arising from causes similar to those from which arise the affections treated of in the foregoing chapter, but modified by peculiarity of constitution which is generally the lymphatic temperament. The general form and mode of treatment of chlorosis are very different from those of the foregoing. The disease exhibits three stages, the incipient, the confirmed, and the inveterate.

The general traits of this disease are a morbid paleness of the complexion, tongue and general surface, with recurrent head ache, palpitation, nervous tremors, hysteria, tendency to emaciation and œdema. In the first stage the face is pallid, often with a greenish hue, slate coloured, or yellowish; lips bloodless; countenance tumid, especially the upper eyelid. In the second stage these symptoms are aggravated; and in the third still more strongly marked. In the first stage, the tongue is white, loaded, swollen, and marked by the teeth; mouth clammy, breath tainted. In the second stage, tongue clean, exanguous, smooth, with slight appearance of transparency, and a slight lilac hue. Last stage, the tongue smooth and shining; skin pale, opaque, tumid, sometimes yellowish; nails brittle.

In chlorosis the patient is languid, listless, and irritable, often affected with head ache, pleuralgia and palpitations. In this disease there is a peculiar and characteristic pain in the lumbar region, which is not aggravated by pressure nor deep inspirations. Appe-

tite capricious. In the first stage bowels always constipated; afterwards alternations of diarrhea; discharges fetid. The catamenia exhibit every variety of morbid deviation. In severe and protracted cases there occur almost constant pain of the head, intolerance of light, pleuralgia with difficult respiration, also violent spasmodic affections, as locked jaw, contorted limbs, &c.; indeed every part of the system is liable to exhibit its complications which are very often mistaken for local idiopathic diseases, a very dangerous mistake because repeated bleeding aggravates every symptom of chlorosis. They may be distinguished by the history of the case and the association of general symptoms.

Treatment.—Mild aperients essential; aloes, rhubarb, manna and rochelle salts preferable. Tonic and cordial medicines important, especially iron which is chiefly salutary in cases characterized by paleness of the lips. Liniments, spirituous lotions, and blisters proper for the local complications; sometimes cupping.

Chap. 5. *Of those forms of Disorder of the General Health attended by other Changes in the Complexion.*

These changes are 1st, the icterode; 2d, the light lead hue; 3d, the ring of tumid darkness occupying the eyelids: each is associated with a distinct form of disease.

[We find this chapter of our author to be not a little perplexing; for although he explicitly states these several shades of complexion to mark diseases distinct in other symptoms, and requiring different modes of treatment, yet in his description he confounds them all, and makes no distinction whatever between the treatment of these and those affections treated of in the foregoing chapters. We see no utility in devoting so many pages to symptoms which so far as we can yet discern are fortuitous, and not at all necessary to precision in the use of remedies. Every writer has his characteristic fault, and we suspect that Dr Hall's is an affectation of distinctions where there are no differences.

Chap. 6 is devoted to the consideration of hysteria as a complication of disorder of the general health. We deem it not necessary to analyze this chapter, nor would our readers be interested in the 7th, which treats of diseases incident to females recently returned from India. We omit also the 8th.]

Chap. 9. *Of the Diagnosis and Symptoms of some Local Inflammatory Affections.*

As there are many topical affections, which have been mentioned symptomatic of the general affections that have been treated of, becomes necessary to furnish more numerous criteria to distinguish inflammations, especially as this is of great practical importance. Dr Hall deprecates the habit of regarding every local pain as inflam-

matory, and hence prescribing the lancet; he admits, however, that it is less injurious to use the lancet where not necessary, than to omit it in those cases which demand it; he has, however, often witnessed injurious effects from the use of the lancet in local affections founded on general disorder.

If the local affection be associated with the symptoms of general disorder, and there be an entire absence of any external cause of the local affection, there is reason to presume it to be symptomatic. Still, however, idiopathic disease may be conjoined, and functional disease, by long continuance, may have been converted into organic. When there are many of the general symptoms which affect the head, heart and breathing, the nervous and muscular systems, the particular affection is more certainly symptomatic. Hysterical affections are not apt to be associated with idiopathic local disease. The mode of attack is also often characteristic. Topical inflammation sets in regularly, but the symptomatic affection is sudden and variable. The effects of remedies aid our diagnosis.

Chap. 10. *Of the constitutional Symptoms in Tuberculous Affections of the Abdomen.*

The symptoms indicating tubercles of the abdomen are clearly manifested, and it is of these that our author particularly speaks. They are insidious, uniformly, but slowly, progressive, and fatal; often hereditary. Period of attack, most common, is from 15 to 25 years. They are principally characterized by three symptoms; first, great tendency to coldness and lividity of the extreme parts of the body; second, a frequent pulse; third, slow but progressive emaciation.

The aspect of the countenance is peculiarly languid, emaciated, and the nose, in cold weather, cold and livid. The skin is moist, soft, and there is perspiration during sleep. A remarkable sensibility of the whole body to cold is characteristic; the patient creeps over the fire, and shivers on the slightest exposure; hands and fingers livid and cold. The patient stoops, and walks with caution. Pulse sometimes 100 or 120 for several years. There is often morbid appetite; copious pale alvine evacuations; pain and tumour in the abdomen; catamenia scanty or wanting.

[The foregoing pages are a careful analysis of all that we deem important in Part I. of this valuable work; we shall present the remainder in our next. Our readers will perceive that in our mode of reviewing works of merit we furnish an unbroken epitome. To us this is indeed laborious, but to our readers must be far more acceptable than the ordinary mode of patching up an article with insulated paragraphs. We have recently received several very valuable works which we shall shortly analyze.]

Art. II.—*Pathological Anatomy: The last course of Xavier Bichat; from an Autographic Manuscript of P. A. Beclard; with an Account of the Life and Labours of Bichat by F. G. Boisseau. Translated from the French by Joseph Togno, Student of Medicine. Philadelphia. J. Grigg.* 1827.

The work entitled as above has fallen to the medical profession as the last legacy of that extraordinary man whose name, in medical chronology, will hereafter mark the period at which he lived. It does not, however, constitute a part of the matured system of Bichat, but was the result of his primary labours in a department which, had he lived, he would doubtless have greatly enriched. The volume consists of notes of his last course of instructions recorded with care by one of his pupils. Incomplete as it is, however, it exhibits the traces of a master hand, and in regard to its value to the profession, as is observed by his biographer, may be compared to the sketches of a Raphael.

The manuscript of the work was prepared by Beclard, in 1805, from notes taken at a previous period, and not published in Paris till 1825. Many of the observations, therefore, which it contains have been anticipated in the progress of inquiry, and some few may have been shewn to be fallacious. The editors, however, chose to present it entire, the above circumstances being made known.

From the fact that M. Beclard has endeavoured, as far as possible, to preserve the diction of the lecturer, it follows that the style is in an unusual degree idiomatic and the phraseology abrupt, circumstances which must have rendered its translation exceedingly difficult. To avoid on the one hand retaining idiomatic phrases, and on the other a departure from the meaning of the author, is, in a work like this, a task by no means of easy accomplishment. Notwithstanding these peculiar circumstances of difficulty, however, the duty of the translator has, on the whole, been well performed.

Our readers would probably not desire a complete analysis of this work, and for two reasons:—1st. It is one which most will desire to possess entire;—and 2d. It contains much which, though valuable, is to be found in other systematic writers. We shall, however, abbreviate some of its most interesting paragraphs, deeming them of great practical value to all medical readers.

The order followed in the treatise is founded on the valuable distinction of *systems* observed in his great work on general anatomy; thus we are presented with the pathology respectively of the serous, the mucous, the cellular, the fibrous, the muscular, the ner-

vous, the pulmonary, the glandular, the osseous, and the dermoid systems.

If Bichat had done nothing more for pathological anatomy than to introduce this order of inquiry, his labours would have been invaluable. It has furnished principles which have given to post mortem researches a precision they had never before known, and has enabled us to develop the organic nature of diseases which before had foiled our scrutiny. It was not till the stomach was shewn to be formed of distinct tissues, each characterized by peculiar vital properties and each contributing to the compound office of the organ, that we were enabled to develop morbid changes which are respectively peculiar to these textures, and to account for their derangements of function.

After some general observations upon inflammation, a disease common to many tissues, the author enters upon the

Pathology of the Serous System.—Our readers are undoubtedly aware of the susceptibility of inflammation and adhesion which characterize this system. The pleura, the peritoneum, the arachnoid, the tunica vaginalis, are all liable to inflammatory affections which, modified by the local relations of the parts affected, are designated as specific diseases. We more particularly notice, however, the observation, that into the serous cavities there is sometimes exhaled, with all the symptoms of suppuration, a sero-purulent matter in which there float shreds of an albuminous matter. Such an occurrence is almost necessarily fatal. [We have ourselves, not long since, witnessed an instance of this kind, which occurred in the peritoneal investment of the uterus. This organ had been for some time diseased with scirrhus, and became suddenly affected with acute inflammation. On the third day of the disease the patient experienced a severe ague, counterfeiting the paroxysm of an intermittent. Immediately after this there was a manifest fluctuation in the abdomen. The chill recurred on the 4th, and the patient soon sunk. The lower abdomen was found to contain two pints of turbid sero-purulent matter, containing flakes of lymph, some of which also adhered to the surface of the uterus.

We have heard it observed by Dr N. Smith, that when the typhoid pneumonia and pleurisy of 1812—14 prevailed in New England, the general disease, instead of the lungs and meninges of the brain most commonly affected, sometimes concentrated itself upon the peritoneum and often produced the sero-purulent accumulation which we have described.]

The serous membranes are also often affected with chronic inflammation resulting in thickening, adhesions, and dropsy. The chronic inflammation of the peritoneum is particularly important. It is characterized by tenderness and tension of the abdomen, stooping posture, irregular evacuations, dropsical effusions, &c. &c.—is generally fatal.

The author here speaks of miliary eruptions of the peritoneum, an affection of this membrane which he doubtless confounds with tubercles, the occasional existence of which in the peritoneum has been noticed by Laennec, and particularly described by Marshall Hall as noticed in the preceding article. Their existence is remarkably characterized by coldness and lividity of the extremities and countenance, together with wasting and abdominal derangement.

Diseases of the Mucous Membranes.—No department of pathology has of late been investigated with more zeal than this; we we have already had occasion to remark upon it in our analysis of Broussais and in our abstract of foreign medicine. We would here merely indicate certain principles of diseased action in these tissues.

The mucous membranes being destined to perform in a high degree both the secretion of some important fluids, and the absorption of others, must necessarily be extremely vascular, and hence particularly susceptible of vascular diseases, as congestion, hemorrhage, and the varieties of inflammation. Being designed also as the internal organ of sense in which are perceived the various instinctive wants, such as hunger, thirst, &c. and being designed to elect from the ingesta, by a discriminating perception, the pabulum vitæ, they must be in the highest degree nervous, and hence subject to irritation, painful affections, and morbid sensitiveness. The mucous membranes also, because they announce the wants of the whole system to the sensorium, must have numerous and important sympathies, and hence in disease must frequently influence morbidly remote organs, and also participate in their affections.

The inflammation of the mucous membranes often excites general fever, and their irritation often disturbs the sensorium. A slight degree of inflammation, however, especially in those of less important vital properties, is merely characterized by slight thickening and by redundant or morbid secretion of mucus, as occurs in catarrhs of the bronchial, cystic, uterine, and intestinal mucous membranes.

Aphthæ are points of ulceration observed in these membranes. They are frequently seen in the mouth, stomach, and intestines. [Dr Hewett has recently called the attention of the profession to an unsuspected frequency of follicular ulceration in the intestinal canal occurring in many febrile diseases and very much influencing their character. In our next we intend to present an analysis.] These ulcerations occur in severe dysentery. Polypi and fungoid excrescences are also morbid traits of the mucous membranes.

[Before leaving this subject we would observe that the researches of the French pathologists have rendered it quite certain that mucous inflammation is a much more frequent complication of disease than has heretofore been suspected. The existence of it in the stomach may be ascertained by the sensation of pain, irritation produced by ingesta, and especially by pressure upon the præcordia. It is to be treated with cupping, leeching, blistering over the region of the

stomach, the mildest aliments and gentle laxatives. The chronic affection of these membranes is also of frequent occurrence, being attended with peculiar symptoms in particular regions. In the stomach it is often termed dyspepsia, in the large intestines chiefly characterized by colic and loosenesss; in the lungs termed catarrh; in the urethra, gleet; in the vagina, leucorrhea. The terebinthinate medicines are observed to have a salutary influence upon this affection wherever located. The balsam copaiba has of late particularly attracted the attention of both English and American physicians. It is found to be highly beneficial in both bronchial and intestinal irritations, and catarrhs. It seems to bear a general relation to the mucous membranes. It is given in 10 to 30 drop doses, in an emulsion of g. acaciæ and sugar, with the subsidiary employment of cutaneous counter-excitation by blisters, frictions and the tartar emetic ointment.]

The cellular tissue, according to Bichat, is the proper seat of phlegmon, furuncle, carbuncle, and also of the phenomena attending the process of ulceration, granulation, and the healing of wounds. Fistulæ and other indurations of the soft parts, such as those which produce stricture in the urethra, &c. are morbid alterations of this tissue. [We have briefly noticed, in No. 1, Mr Earle's account of the diffuse inflammation of the cellular tissue, heretofore termed edematous erysipelas.] Steatomatous, meliceritious and fatty tumours are often developed in the cellular tissue: œdema, emphysema, and morbid fatness are also characteristic.

Passing over many other articles, we notice briefly our author's observations on *diseases of the liver*. Its organic affections are morbid enlargement or wasting; steatoma; hydatids; granular concretions in its texture exceedingly small and numerous, often accompanying ascites, and always with wasting of the organ; lastly, the fatty state which he has observed in children, and which is frequently accompanied with a yellow hue. Often, in this state, there is enlargement, at other times not, but a wasting of the healthy tissue. The bile is sometimes obstructed by gall stones, sometimes by tumours.

[In conclusion of our brief analysis, we would urge upon our professional brethren, and especially those practising in the country, the more frequent employment of post mortem examinations than is customary at the present time in our country. If we mistake not, European physicians are much in advance of us in pathological anatomy, owing chiefly, indeed, to the superior facilities for such inquiries furnished by numerous hospitals. In private practice, however, the difficulties are not insuperable, and are daily diminishing. Were physicians assiduous in availing themselves of all such opportunities as occur in private practice they would soon acquire a discriminating tact in these inquiries and a familiar acquaintance with the more frequent morbid alterations of structure.]

Abstract of Foreign Medicine.

PATHOLOGY AND THERAPEUTICS.

Dr Thompson on Gangrenous Erosion in Children.—From an article thus entitled in the last number of the London Medical Journal, we extract the result of the author's experience and his practical conclusions. Dr Thompson appears chiefly to rely upon topical means, and in proof of their general utility he appeals to the unparalleled success of Dr Dease in their employment. The pathology of this formidable disease he does not attempt to explain. The article, on the local application of which he chiefly relies, is the balsam of Peru. This is not indicated upon any physiological principle, its salutary effects having been fortuitously ascertained. The part affected is to be constantly soaked by warm balsam smeared on lint. The sloughs are to be occasionally removed, great care being taken, however, to avoid contact of air, which is observed to be exceedingly injurious. Dr Thompson objects to the removal of the slough with the knife, and also to the application of caustic, as irritating too much the contiguous parts and diffusing the disease.

[Too little attention is in this article directed to constitutional treatment. The ordinary mode of exhibiting tonics and stimulants has not, indeed, exerted much influence upon this eager disease. We are happy to have it in our power, however, to state the experience of a practitioner in this city who has recently had occasion to treat several cases. In the first instance which fell under his observation, the ordinary tonics seemed inert, as did also the usual topical applications, such as the charcoal poultice, the fermenting poultice, &c. These cases progressed uninterruptedly to a fatal termination. He then resorted to the employment of very large doses of the sulph. quin. giving even from ten grains to a scruple at a dose, being resolved to make an obvious impression on the system. In every instance, unless very far advanced, he found it to arrest the progress of the disease.]

Dr Morton on Cutaneous Eruptions, (Lond. Med. & Phys. Journ.)—From ample observations made in the Royal Metropolitan Infirmary for sick children, Dr Morton has established the following principles relative to the treatment of cutaneous eruptions in children:

1. That, in all cases of cutaneous eruptions upon the heads of infants, (particularly if extensive) danger may arise from their artificial repulsion.
2. That, in cases where eruptions have occurred upon the scalp of infants subsequently to cephalic disease, dangerous or fatal consequences will most probably ensue, upon their intentional removal by local treatment.
3. That as astringent ointments, and other applications of a similar nature, are found by experience to have the power of speedily repelling the eruptions in question, they should not be employed, without their effects being carefully watched, and their evil tendencies promptly guarded against.

The treatment of these diseases, therefore, in infants should in every case be commenced with purgatives, and repellent applications should not be made use of without due caution; such as may be selected being at first extremely mild, and afterwards gradually increased in strength. If the patient, during their employment, should become drowsy, and sleep much, or lay its head constantly down, (a sure indication of the commencement of affections of the head in infants) they should be immediately discontinued, and purgatives be freely employed.

In cases where porrigo has attacked the scalp subsequently to cerebral inflammation, it will seldom be prudent to employ local applications at all, the cure being more safely accomplished by purgatives and alteratives.

Treatment of Gonorrhea by a new preparation from the Balsam Copaiba.—Mr James Thorn, Member of the Royal College of Surgeons, London, has obtained from the balsam copaiba an extract which would appear to be exceedingly efficacious in gonorrhea. The preparation is obtained by distilling the balsam copaiba, when there will be expelled more than a moiety of exceedingly acrid and offensive volatile oil, leaving a brown resinous extract, becoming hard and brittle when cold. In this, according to Dr Thorn, reside all the virtues of the article. The following are cases illustrating its use reported to Mr Thorn by Mr Tyrrell:

1st case, ætatis nineteen; first gonorrhea. Discharge moderate and greenish; slight ardor urinæ; chordee had existed three days. To take Pil. Cal. c. Colocynth. grs. x. statim; to abstain from malt liquor or spirits. Ext. Copaibæ grs. x. (in pil.) ter quotidie.—Cured in three days.

2d case, ætatis twenty-one; second gonorrhea. Discharge profuse; ardor urinæ, and occasional chordee, existed six days. To take Pil. Calom. c. Colocynth. grs. x. statim; to abstain as the former. Pil. Extr. Copaibæ grs. x. ter quotidie, increased to grs. xv. on the fifth day.—Cured in seven days.

3d case, ætatis twenty; first gonorrhea. This young man had been for some days under my care for gonorrhea, which had existed for about three weeks before he applied to me: he had been taking the Cubebs without relief. I gave him the Balsam Copaiba with Sodæ Subcarb. and mucilage, but was obliged to omit it, as it acted so much on his bowels. His discharge was profuse, with slight ardor urinæ, but no chordee. To take Pil. Ext. Copaibæ grs. x. ter quotidie; to abstain as the other patients.—Cured in six days after commencing the pills.

4th case, ætatis forty; first gonorrhea. Discharge but little, no ardor or chordee; discharge greenish, has existed two days. To take Pil. Cal. c. Col. grs. x. statim; Pil. Extr. Copaibæ grs. x. ter die; to take one glass of wine, having been used to six or eight daily. Has been five days under treatment; discharge only apparent in the morning, but not quite well.

5th case, ætatis fifteen. This boy had suffered from gonorrhea for three months: he came to me with gonorrhea, phymosis, and inflamed prepuce. Ordered Catapl. Lini frigid. c. Lot. Saturni; Pil. Cal. c. Colocynth. grs. x. altern. noct.; to keep recumbent, support the penis and scrotum; to inject the lotion under the foreskin. In a few days the inflammation and phymosis subsided, leaving a profuse gonorrhea, without ardor or chordee. To take Pil. Extr. Copaibæ grs. x. ter die.—Cured in five days.—*Lond. Med. & Phys. Journ.*

Vaccination.—At a late meeting of the Academie de Medicine, M. P. Dubois read the Annual Report of the Commission for Vaccination in France for 1825. This report contains, among other remarkable things, a discussion on the fact that M. Kergaradec had communicated, from M. Guillon de St Pol-de-Leon, at a former meeting. It will be recollected that this physician asserted that he had produced the true vaccine influence with the matter taken from a varioloid patient; and, consequently, that this matter and that of the vaccine virus were the same. The commission in their opinion express doubts of the reality of the results that M. Guillon says he obtained. They cannot be persuaded that varioloid matter can produce vaccination, nor that there can be any identity between the diseases. But supposing it to be true, there are two reasons which should prevent any use being made of the discovery: the one is, that the varioloid is not easily distin-

guished from true small pox, except towards the end; it would therefore be to be feared that most practitioners would be deceived, and communicate the small pox instead of the varioloid or vaccine. The second reason is, that the efficacy of the vaccine virus being proved by thousands of proofs, it is unnecessary to seek a new antidote to small pox, where we already have one sure and free from danger.—*Revue Medicale.*

Speranza on the utility of Compression in Ascites.—In the Journal des Sciences Medicales is a case illustrative of the good effects of this remedy. A woman, of cachectic habit, was admitted to the Clinic Institute, with an enormous ascites occasioned by chronic puerperal peritonitis;—digestive organs disordered; urine scanty and turbid; stools unfrequent; thirst harassing. The most energetic remedies, usual in such cases, had been employed in vain. Paracentesis was forbidden by the peculiarity of constitution and by the loss of organic assimilation. M. S. at last resorted to compression by bandaging. Very soon the urine began to flow copiously; five pints were daily evacuated; in three weeks the belly was reduced to the natural size. By the use of tonic and cordial medicines, nutritious diet, and the continuance of the bandage, the recurrence of the disease was prevented, and the action of the digestive organs restored.

[The use of the abdominal bandage in ascites, and of the roller in anasarca, has long been a favourite remedy with Professor Smith of N. H. He has found it in a great many instances an indispensable adjuvant, the usual diuretics having but little effect until the requisite degree of pressure was effected. When the belly is excessively distended, paracentesis should be premised. If anasarca be present, the lower limbs should first be bandaged from the toes to the hips, and then the abdomen swathed. To scarcely any of those remedies which aid in the evacuation of water does he attach more value. Of course it is merely palliative when organic disease is present.]

Antimonial Frictions in Chorea.—A little girl, aged nine years, was affected with convulsive motions. Her friends first disciplined her for the purpose of correcting what they at first supposed to be merely a vicious habit; after this she was repeatedly purged; tonics were administered, and finally antispasmodics: the disease, however, grew worse. The head was then shaved and the antimonial ointment applied to it and to the back of the neck. The local effect was obvious; on the third day her motions became more regular: the cure was completed in the course of a month.—*Journal Universel des Sci. Med.*

Humorism.—M. Rochoux thinks that in diseases there occur alterations of the blood, and that this is the true cause of many of the phenomena observed in malignant peripneumony, as adynamia, ataxia, and delirium, when it occurs without encephalic inflammation. He also thinks that the carbonate of ammonia, seneca, tartrate of antimony, given after the method of Rasori, sometimes dissipate, upon this principle, with remarkable promptitude, the severe symptoms in certain cases of peripneumony.—*Journal Universel.*

Asthma.—Dr Chiarenti having observed the good effects of sudden exposure to the fresh air, particularly with the face opposed to the wind, in paroxysms of asthma, tried, during a paroxysm of this disease, to which he himself is subject, to introduce the tube of a pair of bellows into his mouth, and to blow with force a great quantity of air into the lungs. The event justified his attempt, and by the aid of this simple operation he can, in a very short time, overcome the most violent attacks of asthma. After repeatedly trying this experiment on himself, he tried it on others, and with the same success. Dr Chiarenti, from the numerous facts he has collected on the subject, believes he may confidently assert that this insufflation of air into the lungs is not only capable of instantly arresting a paroxysm, but even of radically curing the disease, provided it is not the result of organic alterations!!—*Annali Universali di Medicina.*

Colica Pictonum.—From an article in No. 13 of Johnson's Journal we condense the observations of M. Andral on painters' colic.

Heretofore it has been believed by many that in this affection the intestinal canal is more or less inflamed and, as the sensations of the patient would suggest, that its calibre is contracted, opposing an obstacle to the passage of its contents. From the researches of this discriminating author, however, it would appear that scarcely any organic derangements are appreciable. Five hundred patients have been within eight years past treated for this disease at La Charité; only five terminated fatally, and in all these the digestive organs presented, for the most part, a healthy aspect, there being scarcely a trace of inflammation, and the canal not being contracted.

In regard to symptoms, the author observes that the colic pains are not always diminished by pressure, nor is the abdomen always shrunk, but sometimes preserves its usual volume. Constipation is the most unvarying symptom. It is well known that in this disease the nerves of motion are strikingly affected and the muscles paralyzed. From this and other circumstances the author comes to the conclusion that the nerves of the alimentary canal are the root of the primary derangement, and that hence there results a defect in peristaltic motion, and perhaps in mucous secretions.

M. Andral objects to the antiphlogistic and emollient treatment as not approved by the experience of La Charité; he strongly urges the employment of drastic purges associated with occasional emetics, diluents and anodynes.

Inequality of Pulse in the two Radials.—This phenomenon is by no means uncommon; but we cannot always recognize the cause after death. In the following case, however, the cause appears to have been revealed by dissection.

A female died of pneumonia, the pulse having been intermittent, irregular, small and scarcely sensible in the right radial artery; while in the left arm the pulsations were strong, full and regular. On dissection, the right lung was found completely hepatized, and pressing on the subclavian artery of that side. The left lung was free from disease.—*Med. Chirurg. Rev.*

Broussais on Asthma.—M. Bonnez, assistant surgeon of the 10th regiment of Chasseurs, in garrison at Libourne, aged 36 years, had the imprudence to bathe in a river, after a hearty dinner, on the 18th of July. In the middle of the night he was seized with general malaise, succeeded next day by fever, head aehe, coryza and cough. During the night of the 19th he had no rest. On the 20th the phenomena changed into a complete attack of convulsive asthma, (the second paroxysm which he had experienced, the first being three years before) and he then sent for his medical colleague. Ten ounces of blood were taken from the arm, and pediluvia applied to the feet. By these means the symptoms were relieved, and the night of the 20th was spent less miserably. 21st, the paroxysm returned, and continued till near the evening. The anhelation this day was very distressing, and an antispasmodic julep was ordered, which augmented the dyspnœa, and brought on another paroxysm of asthma. The night was spent in a state of agitation. 23d, Ipecacuan had been taken in small doses, and also castor; but the paroxysm returned this day with as much violcnce as before. 24th, the asthmatic paroxysm came on at the usual hour, six in the evening. On the 25th, Dr Bagard was called in, and found the patient with the following phenomena:—dejected countenance—eyes sunk—breathing short—pulse small and quick—tongue coated—great tenderness at the epigastrium—oppression under the sternum—abdomen rather tense—urine scanty and high coloured. Sixteen leeches were applied to the sternum and epigastrium, the bites to be encouraged by cataplasms—very low diet—diluents—lavements. The succeeding paroxysm (26th) was very much milder, being only a simple dyspnœa. 27th, when Dr B. visited his patient, the latter observed that he was quite well, and had a strong desire for food. But it was evident that the patient was not well. At the usual hour, the dyspnœa returned, accompanied by some cough. 28th, felt very well all day, till six o'cloek, when the dyspnœa returned as usual. Dr B. now being

struck with the periodicity of the complaint, and seeing nothing wrong with the digestive organs, prescribed the sulphate of quinine, in doses of three grains every three hours. The next paroxysm was prevented. The remedy was continued for three days, and the patient was free from complaint. On the 6th of August, however, when M. Bonnez thought himself in complete security, he was suddenly seized with pain in one side of the chest, with fever, cough, head ache, &c. Cupping glasses were applied to the side, and afterwards a large blister. But these means were of no avail. The symptoms became exasperated, and the sputa sanguinolent. When Dr B. was again called to the patient, he found him with violent head ache, acute pain in the right side of the thorax, intense fever, full pulse, burning skin, and countenance indicative of despair. It was now evident to Dr B. that the inflammation had spread from the mucous membrane to the pulmonary parenchyma and even to the pleura. Dr B. advised the application of 25 leeches to the chest; but the regimental surgeon protested against any more leeches, and our author took his leave. Two other physicians were called in, and ventured on the abstraction of six ounces of blood from the arm. This made no impression on the complaint, and Dr Bagard was recalled. He applied 25 leeches to the chest, which, with a blister, completely removed the disease.

M. Broussais's Remarks.—Most cases of asthma depend on some obstacle to the course of the blood; and this obstacle is most commonly a disease of the heart. This, however, is not always the case. A determination (however induced) of blood to the mucous membrane of the lungs, in a sanguineous subject, will often give rise to a paroxysm of asthma, as was the case in the above instance. M. Broussais has known inflammation and irritation in the mucous membrane of the stomach and bowels induce a fit of what is called spasmodic asthma. The Professor ridicules the distinction drawn between dry and humid asthma. Every asthma is dry at the commencement of the paroxysm, and the mucous membrane ultimately throws out a secretion which relieves the vessels of the lungs. In all cases, however, of asthma, M. Broussais avers that there is a congestion of blood in the vessels of the membrane lining the bronchia and air cells, and that this should be looked upon as the proximate or immediate cause of the phenomena, and treated accordingly.—*Journ. de la Med. Physiol.*

ANATOMY AND PHYSIOLOGY.

Mr Searle's Analysis of Dr Barry's Memoir.—A notice of a work thus entitled we find in No. 12 of the Lond. Med. & Phys. Journ. Our readers will recollect that Dr Barry has recently advocated with great earnestness the agency of atmospheric pressure in the circulation of the blood, and in venous absorption. By numerous experiments he has laboured to shew that the respiratory expansions of the chest, producing a tendency to a vacuum in that cavity, will cause an afflux of blood, as well as of air, to that cavity, and that hence the great veins near the heart will have their contents pumped forward into that organ. Dr Barry has also endeavoured to prove that the smaller veins feel the same influence, and that their contents are solicited forward towards the heart; and not only this, but that by the same means the arterial blood is urged into the veins, and that thus venous absorption is mechanically effected.

The analysis of Mr Searle, which is here noticed, is designed as a refutation of these propositions. Mr Searle details experiments in which the heart in an animal was so exposed as to admit the atmosphere to its surface, and yet the circulation continued uniform, thus appearing to disprove the importance of the respiratory movements in the circulation.

Subjoined to the notice of Mr Searle's strictures is an extract from a work by Dr Arnott. In this there is manifested much surprize that Dr Barry and others, in their speculations, should have entirely overlooked certain well known laws of hydraulics. Dr Arnott lays down two propositions as incontrovertible—1. "The veins are pliant tubes, free to collapse, and no pump can lift liquid through such. 2. The suction power of the chest, in ordinary respiration, is too weak to lift

liquid a distance of even one inch through tubes of any kind."—In proof of the first he adduces the result of an experiment which is made by attaching a small intestine, filled with water, to the pipe of a syringe, and then attempting to empty it by suction. It will merely collapse round the beak of the tube, and not a drop will be absorbed from the part beyond. In proof of the second he avers that we cannot, by sucking through a rigid tube, raise water, even with the aid of the expansion of the mouth, more than two feet.

[We had, ourselves, done the first experiment of which Dr Arnott speaks with the intestine of a cat, and the result was precisely what he describes, and such as every one, at all acquainted with the laws of fluids, would have anticipated. We have never placed the least confidence in that part of Dr Barry's theory respecting the general circulation and venous absorption. We are persuaded, however, that the expansive effort of the chest exerts by no means an inconsiderable influence in emptying the great veins in the vicinity of the heart.]

SURGERY.

Inflammation of the Veins cured by Compression.—This remedy was employed with success in a case which we epitomize from the Journal Universel. A lady had a painful affection of the right leg, which she regarded as cramp. Notwithstanding the use of emollient and narcotic cataplasms, the warm bath, &c. &c. the disease progressed, the pain becoming intense and the limb heavy to the patient. Soon there occurred redness and extreme tenderness along the whole course of the vena saphena. Cataplasms aggravated the pain. She was bled to the amount of six ounces, a lymphatic temperament forbidding the abstraction of more blood. This gave temporary relief. Soon, however, the symptoms recurred with renewed violence; the vein felt like a knotted cord under the finger from the ankle to the thigh. Saturnine lotions availed nothing. It was then that the practitioner resorted to the use of a roller compressing the vein along its whole length. A numbness and pricking sensation immediately followed, but soon the patient became quiet, and the continuance of the remedy gradually dispelled every symptom. The employment of leeches in this case was forbidden by the exhaustion of the patient, and the apprehension that, in consequence of her irritable habit and fatness, the bites would inflame.

Compression in the Treatment of Cancer.—M. Récamier has cured, by means of a bandage properly adjusted, six cases of chronic engorgement of the breast, exhibiting the scirrhous character. The cure of many other cases was, at the time of his reporting, progressing.

[We think the employment of this remedy well worthy of repetition, and are the more confident in its occasional benefits, from having often witnessed the result of compression of the breast by bandages, in cases of old mammary abscesses improperly treated. In those cases in which the whole breast has become indurated and perforated with numerous fistulous openings, firm compression, by the bandage and the proper adjustment of compresses, has been of infinite advantage. The best bandage for the purpose is a wide roller. It should commence from the shoulder of the sound side, and be carried obliquely beneath the diseased breast with a view to press it upwards. The roller is then to be carried beneath the axilla and brought round to the place of beginning. This turn is to be two or three times repeated, and then the bandage is to be carried round the body so as moderately to press the diseased breast to the chest.]

Rupture of the Aorta without Aneurism.—In No. 13 of the Lond. Med. &

Phys. Journ. is related at length a fatal case in which there occurred an extensive rupture of the aorta near its arch and on the concave side. There had been no previous dilatation, but the tunics were obviously morbid, the internal surface of the artery presenting an irregular thickened appearance from the presence of numerous flattened steatomatous tubercles. It was very friable. From appearances it was judged that the internal coat first gave way, and that the cellular tunic had restrained for a time the effusion of blood. Another case is related, on the authority of Mr James, Surg. of a healthy sailor who died instantly, while at rest in his hammock, from the rupture of the aorta near the heart; the artery presented no appearance of morbid degeneration.

Fracture of a Cervical Vertebra by Muscular Contraction.—This case* is detailed in the Archives for March. A soldier, an excellent swimmer, plunged head foremost into the Sambre. His companions seeing him struggle for some minutes, thought him in jest: but, perceiving that he became motionless, they ran to his assistance and dragged him out. On recovering his senses there was found neither fracture nor dislocation, but the limbs were paralyzed—he could not support his head—skin insensible—severe pain in the lower part of the back of the neck, without any external wound—priapism, and frequent desire to make water. The patient stated that, at the moment when he made the plunge, he recollected that the water was shallow, and suddenly drew his head back to avoid dashing it against the ground, and that at this instant he lost all consciousness. Delirium came on, and in the night the man died.

Dissection.—The meninges were of a deep red, and the vessels of the brain itself injected. There was sanguineous effusion around the vertebral column; the spinal canal, *without* the dura mater which was sound, was full of blood, and, finally, "the body of the fifth cervical vertebra was fractured transversely, a little below its middle, so that the two plates of this bone were separated from the lateral masses."

This case is curious; but it is not improbable that the force with which the person plunged into the water aided the spasmodic contraction of the muscles in producing the fracture of the vertebra.—*Med. Chirurg. Rev.*

Incisions in Erysipelas Phlegmonodes.—We see, by a report from Bartholomew's Hospital, that Mr Lawrence supports the method of treatment by incisions. A man had received a blow by a fall on the elbow. Erysipelatous inflammation followed, involving not only the skin but the cellular membrane of the arm. Much constitutional fever and irritation were set up, and Mr Lawrence resorted to incisions carried the whole length of the inflamed parts, one being ten and the other twelve inches in length. The exposed cellular membrane was found inflamed and thickened, and some dusky effusion, with a mixture of pus, was evolved from one of the incisions. The wounds bled freely, and all redness of the arm soon disappeared. Although some sloughing of the cellular membrane and integuments ensued, with considerable constitutional disturbance, yet the patient did well, and quickly recovered.—*Lancet, No.* 186.

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* By M. Réveillon, Royal Academy of Medicine, sitting of the 8th of February.

Nugae.

In a city not very remote from this there *flourishes* a Phrenological Society which, in its wisdom, recently appointed a committee to use the craniometer upon the head of a person charged with several acts of murder committed under circumstances indicating a shocking destitution of moral sense and even of human instinct. The evidences of guilt, confirmed by confession, were sufficient to satisfy even the fastidiousness of an American jury; nothing was wanting but the fiat of the craniologists. They came, but great was their astonishment, on examining the head of the culprit, at the entire absence of the organ of destructiveness. It is reported of these sages, that for a time they stroked their beards in utter amazement. Had they been merely sustained by the worn out logic of facts and inferences they would certainly have been confounded. But the mystical light of the science, though the very blackness of darkness to all but the initiated, to them only shone the brighter, and after twelve hours of sapient silence, by infallible intuition they came to the conclusion that the accused must necessarily be innocent, because the falsehood of twenty witnesses was far more probable than that of one phrenological bump, which could neither be bribed nor deceived.

We rejoice that at length we have something tangible which we may oppose to the Vandals who would trample upon this science of BUMPS. Will you ever again demand evidence of its utility, gentlemen revilers? Wise men, who look into the visioned future, are of opinion that, in moral science and jurisprudence, phrenology will effect the same revolution which the steam engine is accomplishing in physics and navigation. They are persuaded that the time is at hand when courts and juries shall be abolished and the sword of justice, wielded by a council of phrenologists, shall strike only at heads which nature has stamped with crime; and perhaps in cases where murder is plainly written upon the cranium will decapitate the wretch even before he shall have had an opportunity to shed blood. Thus many valuable lives may be saved to the community and fine specimens be obtained for the cabinets of the curious.

Intelligence.

London University.

The following professors have been appointed:

Botany and Vegetable Physiology—William Jackson Hooker, LL.D. F.R.S. F.L.S. Professor of Botany in the University of Glasgow.

Zoology—Robert E. Grant, M.D. F.R.S.E. F.L.S.

Anatomy and Physiology, Morbid and Comparative Anatomy, and Surgery—Charles Bell, Esq. F.R.S. F.L.S. Professor to the Royal College of Surgeons; John Frederick Meckel, M.D. Professor of Anatomy and Physiology in the University of Halle in Saxony; Granville Sharp Pattison, Esq. late Professor of Anatomy and Surgery in the University of Maryland, United States.

Nature and Treatment of Diseases—F. Conolly, M.D.

Midwifery and the Diseases of Women and Children—David D. Davis, M.D. M.R.S.L.

Materia Medica and Pharmacy—Anthony Todd Thomson, M.D. F.L.S.

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We have just received several valuable English works which we shall analyze for our next.